

APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS (Non-Profit Corporations)

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
<http://www.sos.state.ne.us>

Submit in Duplicate

Attach a certificate of good standing duly authenticated by the official having custody of the corporate records in the state or country under whose law the corporation is incorporated. Such certificate shall not be more than 60 days old. A certified copy of the articles of incorporation should not be submitted and is not acceptable in lieu of such certificate.

Name of Corporation _____

Fictitious Name of Corporation _____
(to be used only if actual corporate name is unavailable for use or does not comply with Nebraska law)

Incorporated under the laws of _____

Date Incorporation _____, _____ Year Period of Duration _____

Corporate Type (check one) _____ Public Benefit _____ Mutual Benefit _____ Religious

Does the Corporation Have Members? _____ Yes _____ No

Address of Principal Office _____
Street Address City State Zip

Registered Agent _____

Registered Office _____ NE _____
Street Address and Post Office Box (if any) City Zip

DATED _____
Signature
Printed Name/Title

NOTE: Every filing must be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

NOTE: To complete this form, you must list officers and directors on back

FILING FEE: \$25.00 (if you have more than one page listing officers and directors please add \$5.00 a page for each additional page)

OFFICERS:

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address**DIRECTORS:**

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Please Copy this page and submit additional pages if needed.